

EXHIBIT R



**STATE OF OHIO - BUREAU OF MOTOR VEHICLES
APPLICATION FOR DRIVER'S LICENSE**

CARLOS

A
SERRANO-RESTREPO
Residential Address:
1800 LYNNBROOK CT
ORIENT, OH 43146
25 - FRANKLIN
Resident:

Sex: MALE
DOB: 01/20/1978
Height: 5'-8"
Weight: 250 lbs
Hair: Black
Eyes: Brown
U.S. Citizen: No
USCIS Document: I-766
USCIS Doc Exp: 03/20/2025
NON RENEW/NON TRANSFER

Agency: 2508
DL/ID Issue Date: 5/5/2023
Application #: VQ680056
DL/ID #: VQ680056
Transaction: Convert an Out of State License
Ignition Interlock: No
Phone: 3478672754

Class:
D - Operator
Restrictions:
Card Type:
Standard-Not for Federal ID

Endorsements:
Exp Date:
3/20/2025

Fees:
Endorsement Fee \$0.00
Vision Fee \$0.00
Document Processing Fee \$1.50
Excess Fee \$0.00
License Fee \$18.00
DL/ID Fee Total \$19.50
Deputy Fee \$5.00
Total Fee \$24.50

Your DL/ID/TIPIC will be shipped to the following address: 1800 LYNNBROOK CT
ORIENT, OH 43146

I received a one-page summary of Ohio's distracted driving laws as required by R.C. 4507.214 (as part of my licensing transaction).
ANATOMICAL DONOR: Yes. UPON MY DEATH, I MAKE AN ANATOMICAL GIFT OF MY ORGANS, TISSUES AND EYES
FOR ANY PURPOSE AUTHORIZED BY LAW.

I DO have a current driver license or I.D. card from Washington ID# WDLBRRT4G83B Exp 01/20/2024.

I acknowledge any other driver's license or ID card held in another state will be subject to cancellation.

I do NOT have driving privileges now suspended or revoked or cancelled or otherwise disqualified or subject to an out of service
order in this state or any other state.

I do NOT have a pending citation for a violation of any motor vehicles law or ordinance in this or any other state.

I do NOT have a condition that results in episodic impairment of consciousness or loss of muscular control.

I do NOT have a physical or mental condition that prevents me from exercising reasonable and ordinary control of a motor vehicle.

I am NOT chemically dependent on alcohol or a drug of abuse or currently using alcohol or a drug of abuse.

WARNING: APPLICANT GIVING FALSE INFORMATION IS SUBJECT TO PROSECUTION-O.R.C. SEC. 2921.13. APPLICATION
INFORMATION AND SIGNATURE(S) CAPTURED ELECTRONICALLY.

Financial Responsibility Statement

I have read and understand the financial responsibility statement (BMV 3135).

I affirm that I now have insurance or other proof of financial responsibility (FR PROOF) and that I will not operate any motor vehicle
without FR PROOF (R.C. 4509.101).

By signing I agree to and attest that all the above is true and accurate.

Applicant Signature

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WA WASHINGTON DRIVER LICENSE
FEDERAL LIMITS APPLY

4d LIC# WDLBRR4G83B 5d CLASS DONOR

1d SERRANO RESTREPO
2d CARLOS A

3d DOB 01/20/1978 4a ISS 10/23/2019

6 13967 S KEYPORT RD NE
POULSBRO WA 98370-8519

15 SEX M 16 EYES BRO
18 HGT 5'-08" 17 WGT 260 lb
12 RESTRICTIONS 19 END NONE
NONE 4b EXP 01/20/2024

1d DOB WDLBRR4G83B 102319321126 REV 05/04/2019

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

1d SERRANO RESTREPO
2d CARLOS A

3d DOB 01/20/1978 4a ISS 10/23/2019

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SOCIAL SECURITY
VALID FOR WORK ONLY
WITH DHS AUTHORIZATION

THIS AUTHORITY HAS BEEN ESTABLISHED FOR

1d CARLOS A
2d SERRANO RESTREPO

3d DOB 01/20/1978 4a ISS 10/23/2019

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